

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

NEVADA CORRECTIONAL OFFICERS PAC

Name (print)

Office (if applicable)

District (if applicable)

20 Box 2091 Carson City NV. 89702 775 842-7531

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es)

☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP☐ AMENDED ☒ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

Annual Filing - Due January 15, 2006

Period: January 1, 2005 - December 31, 2005



Report #1 - Due August 8, 2006*

Period: Jan. 1, 2006 - Aug 3, 2006



Report #2 Due - October 31, 2006*

Period: Aug. 4, 2006 - Oct. 26, 2006



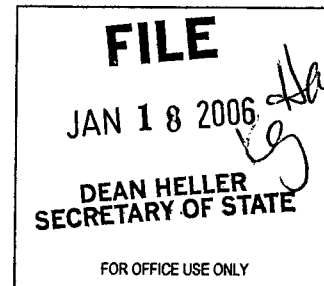
Report #3 Due - January 15, 2007**

Period: Oct. 27, 2006 - Dec. 31, 2006



Annual Filing - Due January 15, 2007

Period: January 1, 2006 - December 31, 2006



* These Reports are filed by Incumbents/candidates running for office in the 2006 election cycle

** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
(See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

13923

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100
(See page 2 of instruction sheet)

13923

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100
(See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
(See page 3 of instruction sheet)

5000

5000

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

EL201.doc

Revised: Sep-05

Date

PAGE 1 OF 4

CAMPAIGN CONTRIBUTIONS

Report Period #

NCPD Pac

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
NCA PO Box 2091 Carson City NV 89701	Jan 05	736. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	Feb 05	736. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	March 05	730. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	April 05	746. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	May 05	742. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	June 05	744. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	July 05	754. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	Aug 05	776. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	SEPT. 05	768. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	OCT. 05	794. ⁰⁰			
NCA PO Box 2091 Carson City NV 89701	Nov. 05	798. ⁰⁰			
NCA PO Box 2091 Carson City NV.	Dec. 05	808. ⁰⁰			

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CAMPAIGN EXPENSES

Report Period

#

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period #

NCPOTAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Jim Cribbens for Governor 475 S. ALABAMA AVE SUITE 201, Reno NV 89501	J	OCT. 14, 2002	\$5000.00

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